



**Australian Government**  
**Medicare Australia**

**Order for  
PBS/RPBS optometrist  
prescription books**



<b>Office use only</b>
Batch no./Order no.
Prescriber's number

**Optometrists only**

**Optometrist's full name**

**Delivery address number, street, suburb or town (not PO box)**

Postcode	Telephone no.

**If name or address has changed since last order, please advise previous**


**Please supply**

**ten (10) books of optometrist prescription form**

**one carton of 1000 computer prescription forms**

**Optometrist's signature**  **Date**

If you have previously ordered PBS/RPBS optometrist prescription books or forms and do not require changes to details, please attach an existing form.  
**OR**

In the space below please type or print the details required on your personalised forms including name, qualifications, address, postcode and telephone number.

<p><b>Telephone number must be shown:</b></p> <p><b>Prescriber no.</b> <input type="text"/> (Not provider no.)</p>
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**Please send completed and signed form to:**  
**Prescription Pad Order Clerk**  
**Pharmaceutical Benefits Branch**  
**Medicare Australia**  
**GPO Box 9826**  
**Sydney NSW 2001**